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Lifestyle

Health: A Mother's Story about the Opioid Crisis

By Sandra Gurvis

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Sandra Gurvis writes an emotional story about the opioid epidemic and how her son died after a 10-year struggle with addiction.

Dear Alex,

As the first anniversary of your overdose death approaches on Jan. 1, I am experiencing an incredible cascade of emotions—grief, anger, sorrow, loneliness. You left behind a widow, an incredible 4-year-old daughter, a fat cat named Mr. Peabody and many stunned and brokenhearted family members and friends. The official cause of death: polypharmacy, a lethal cocktail of both illegal and prescription drugs.

As a professional writer, this was a gut-wrenching story to report. I'm exhausted from searching for answers. People told me I would feel relief from your passing, but they were wrong. Addiction is a disease that is impossible to understand.

Each week, Franklin County Coroner Dr. Anahi Ortiz checks the Columbus Public Health website for the number of drug-related overdoses as tracked by local emergency rooms and EMS calls. "It just keeps going up," says Ortiz, whose quiet, empathetic demeanor speaks to her original specialization as a pediatrician. The overdose deaths have clearly expanded beyond the poverty-stricken neighborhoods of Columbus and into the suburbs, she says.

Ohio is at the epicenter of the opioid crisis. According to the Ohio Department of Health, almost 17,000 people died of overdoses from 2010 to 2016, including 4,050 in 2016, up 33 percent from the prior year. Not only is Ohio No. 1 in the U.S. for accidental overdoses, but Dayton and Montgomery County lead the nation in terms of per capita deaths. In Northeast Ohio, deaths were mounting so quickly that coroner's offices requested a mobile morgue, a cold storage trailer, to house the overflow.

Back in Franklin County, emergency room visits due to drug overdoses climbed during 2017, reaching a pinnacle of 131 during the week of July 31-Aug. 6. (Numbers have since gone down and continued to hover around 100 visits last fall.) But a year ago, in September of 2016, "the weekly toll was still in the 80s," says Ortiz. Many of those overdoses are the results of a combination of prescription drugs with heroin, methadone, cocaine or other drugs. Based on the current trajectory, the coroner estimated last summer that more than 500 people in Franklin County would die of overdose by the end 2017, compared to 353 in 2016.

These numbers are a fraction of the number of lives impacted by the opioid and drug addiction epidemic, overturning lives of not only the addicts, but their families and friends as well. The current crisis has forced many people to re-examine their original concept of addiction and how it should be treated.

From Killing Pain to Killing People

Alex, I am writing this because your story may help others who are going through the same thing. While I knew that your initial addiction to OxyContin was a result of a 2005 injury while you were on active duty as a military police officer for the Army National Guard, at first I did not believe your wife when she told me you needed an intervention. That was back in August 2008. As a family, we did everything that the addiction counselor told us to do. You complied and went into rehab, but only for a couple of days. You said you didn't need rehab because you didn't think you were addicted. I believed you.

When OxyContin (oxycodone) was first introduced by Purdue Pharma in 1996, the number of painkiller prescriptions filled at pharmacies were increasing at a steady rate of 2 to 3 million each year, according to a study by the National Institute on Drug Abuse. By 1999, after OxyContin was promoted to physicians and the public as being nonaddictive and safe, the number of prescriptions jumped to 11 million per year.

“The initial studies [of oxycodone] were weak,” says Dr. Mark Hurst, medical director of the Ohio Department of Mental Health and Addiction Services. Had its addictive characteristics been noted a few years earlier, officials might have been able to make some changes to help stem the crisis, says Hurst. That’s why several lawsuits have now been filed, though, including one by Ohio Attorney General Mike DeWine.

Even as early as 2008, when the public was starting to become aware of the opioid epidemic and three years before the enactment of Ohio’s 2011 “Pill Mill” law which closed illegal pain clinics, “people had already turned to cheaper alternatives like heroin,” explains Hurst. “The horse was already out of the barn.”

Purdue Pharma’s attempt in 2010 to reformulate OxyContin with a so-called “abuse deterrent” to supposedly make it more difficult to snort or inject resulted in users coming up with “a way to defeat the tamper-resistant properties,” stated a 2012 study by The New England Journal of Medicine.

It was too late, anyway. By then, two-thirds of respondents participating in the journal’s study had already switched to cheaper street drugs. Overdoses and body counts were beginning to escalate. “Not only could you avoid the expense of a doctor’s visit but the progression [of addiction] is such that people crave more potent drugs such as heroin and fentanyl [which is a synthetic opiate painkiller much stronger than heroin],” adds Hurst. The synthetic carfentanyl, known as an elephant tranquilizer, is even stronger than fentanyl.

Illegal drugs are easy to obtain. “Almost like delivering a pizza,” Hurst says. Today, an addict can avoid going into dangerous neighborhoods to score, using a cell phone instead to hook up with their suppliers. “You can obtain illegal substances in the parking lots of the finest malls if you know what to look for,” adds Hurst.

Alex, before you became an addict, you were a rock to everyone who knew you, a goofy rock, but solid nonetheless. Testing with an IQ of 140, you were also one of the smartest people I knew—and street smart too, which made you popular and always mischievous at Gahanna Lincoln High School, before your graduation in 2001. Your sister said that if you had you used your powers for good instead of evil, then there was nothing you couldn’t have accomplished. “Evil” is what I call the disease of addiction. Like so many others who are addicted to opiates, eventually you turned to heroin.

I can’t even begin to recount, with only the few words allowed me here, the toll your addiction took on our family and your friends over the last decade. The numerous stints at rehab, your marriage, divorce and remarriage to the same wonderful young woman, the endless conversations between myself and your father (my ex-husband) about how to handle this.

There were the multiple car accidents, the court dates, the fines, the times you ran out of gas in the middle of winter and I had to go into the freezing night to rescue you. When we were together, there were unexpected stops in scary areas of Columbus I didn’t even know existed to run your drug-related “errands.” There was the way you were always able to extort money from me, even toward the end, when I knew exactly what was going on. I was so mad at myself—and at you. Why couldn’t you get better? Why couldn’t you find something—anything—that you loved more than drugs?

The Dragonslayers

As the heroin crisis grew, lawmakers became alarmed. In January 2011, Gov. John Kasich established the Governor’s Cabinet Opiate Action Team. This multifaceted, billion-plus dollar effort involved development of initiatives among state and local law enforcement, public health, addiction and treatment professionals, health care providers, educators, parents and others.

The opiate crisis “really forced us to think outside of the box,” observes Vincent Sabino, clinical manager of the Alcohol, Drug & Mental Health Board of Franklin County (ADAMH). “We partnered with people we never even considered working with before.”

In 2017, for example, ADAMH joined forces with the Columbus Division of Fire and Southeast Healthcare Services to create the Rapid Response Emergency Addiction and Crisis Team (RREACT), in which mental health nurses, social workers and outreach professionals immediately follow up with overdose patients. Once the overdose-reversal drug Narcan (naloxone) is administered, usually by EMS personnel, and the person starts coming to, the RREACT team can be there within a very short time “to offer them alternatives and resources, such as shelter, food and treatment, including detox,” explains Sabino.

Franklin County’s judicially supervised path to sobriety has been around since 2004 and has taken an important role in the current crisis. Known as the “Treatment is Essential to Success” program run by Judge Stephen McIntosh, several dozen graduates of the court-monitored program are returning to college, purchasing their first homes and becoming valued, employed taxpayers. Additionally, several children have been restored from foster care to safe and sober homes. In Franklin County, at least four other programs have been instituted in the last 13 years by the courts to help curb the opiate epidemic and encourage treatment.

Finding the Culprits

Alex, I remember going with you to many of your physician’s appointments, especially when you were first diagnosed with addiction. This was when I thought that one or two relapses were disastrous. It was (and still is) impossible for me to understand the obsession with chasing the next high. You were given doctor-prescribed fentanyl patches before the public knew about their danger. In 2013, your “oxy” doctor was prosecuted for overprescribing painkillers and lost his medical license.

In Ohio, physicians and pharmacists have come under increasingly intense scrutiny. From 2011 to 2014, the State Medical Board of Ohio and the Ohio State Board of Pharmacy, working in conjunction with the Ohio Attorney General, revoked the licenses of 61 doctors and 15 pharmacists for improperly prescribing and dispensing controlled substances. From 2011 to 2017, the State of Ohio Medical Board took disciplinary action against 273 doctors and physician assistants for similar violations.

In 2013, Ohio Attorney General Mike DeWine developed the Heroin Unit, a coordinated effort of the Ohio Organized Crime Investigations Commission, the Ohio Bureau of Criminal Investigation, his own Special Prosecutions Section and other outreach specialists. Working in conjunction with local law enforcement and communities, they have cracked down on upper-level traffickers, defining geographic areas that need treatment and recovery support, as well as communities where education needs to occur. In 2016, along with a 136 percent increase in drug arrests from the previous year, the Ohio State Highway Patrol seized 167 pounds of heroin—this amounts to approximately 2 million street doses of the drug—and 64,708 prescription pills.

Meanwhile, prescriptions are being carefully watched, too. The Ohio Automated Rx Reporting System has been around since 2006. Pharmacies provide information through OARRS regarding outpatient prescriptions for controlled substances and drug wholesalers must submit sales data, as well.

Since 2012, the governor’s opiate action team has developed specific guidelines for emergency departments and acute care facilities, as well as for the treatment of chronic non-terminal and acute pain outside of emergency departments. “It’s essential to prescribe the correct type and amount of medication appropriate for the level,” emphasizes Hurst. “Too often, medication left in cabinets goes to ill use,” whether found by children who take an accidental overdose or stolen by friends and family who are addicts. These guidelines also help avoid life-threatening interactions with other drugs and pinpoint individuals who may be doctor-shopping to support a drug habit.

Last May, DeWine led the way when he started gunning for some big culprits. A lawsuit was filed against the drug companies and related industries that peddle these addictive products. Ohio’s lawsuit against Purdue Pharma, Endo Health Solutions, Teva Pharmaceutical Industries and subsidiary Cephalon, Johnson & Johnson and subsidiary

Janssen Pharmaceuticals, and Allergan claims that these companies violated the Ohio Consumer Sales Practices Act, fueling the current epidemic through false marketing in medical journals, by drug sales reps and “the use of front groups to deliver information which downplayed the risks and inflated the benefits of certain formulations,” according to a statement by DeWine’s office.

By October, 66 lawsuits nationwide filed against drug manufacturers and distributors were consolidated, to be heard by U.S. District Judge Edmund Sargus Jr. of the Southern District of Ohio in Columbus. (In recent years, Sargus oversaw a similar case that involved 3,500 suits filed against DuPont regarding illnesses related to the chemical used to make Teflon at its Parkersburg, West Virginia plant. Eventually, DuPont agreed to settle with affected residents for \$671 million.)

By the end of October, several counties around the state of Ohio, as well as the cities of Cincinnati, Dayton and Toledo, had filed lawsuits against the drug industry, too. DeWine issued a statement demanding that pharmaceutical companies, as well as opioid distributors including Central Ohio-based Cardinal Health, begin negotiating a financial settlement with the state—money that would be used to improve the state’s ability to treat and prevent opioid addiction.

Meanwhile, new rules in the battle against opiates are still taking effect. On Aug. 31, certain pharmaceutical limitations became law: No more than seven days of opioids can be prescribed for adults and five days for children. Other rules include restrictions on morphine, reporting diagnoses when opiates are prescribed and more.

Getting a Handle on Hope

Alex, so much is now being done to help those who are addicted. Yet, there is so much more work to do.

In my mind, though, I keep going back over the last 10 years. I trusted you, even as my financial resources dwindled and blank checks and money began to disappear from my accounts. People always stole things from you, you lost things, unexpected disasters and expenses kept cropping up.

My \$10,000 wedding ring went missing one summer and I blamed it on the carpet cleaners. You denied taking it or even knowing where it was, even though you were pretty good about confessing everything else. I felt badly because you were suffering so much, so in spite of my constrained circumstances I bought you things—a flat-screen TV, clothes from your favorite department store (which I charged, of course), a flat-faced kitten, which I periodically kept during times of your turmoil or when you were back in rehab again.

I wondered why you couldn’t just flush the bottles and bottles of prescribed medications that you carried with you everywhere. This was the question I asked you when you stayed at my house, two days before you died: “Why don’t you just throw those damn pills away?”

You gave me an honest answer. “I can’t live without them, Mom,” you said. And that was the last time I saw you alive.

Just about every Ohioan has been touched by addiction, either directly or indirectly through a friend or a family member. “Addiction knows no age, race or economic status,” says Dr. Julie Teater, a psychiatrist at the Wexner Medical Center’s Talbot Hall. “The gamut [of addicts] can run from young teenagers to people in their 70s and beyond.” She estimates, though, that many are in their 20s and 30s.

“A person who got sober from alcohol overuse when they were younger may find themselves addicted to pills in their 50s and 60s” due to an illness or injury, Teater continues. “So it’s important to catch it early, before they start harming themselves and others to get money to feed their habit.” Support must continue, even for those who have been clean and sober for several years. “Addiction sneaks up on you when you least expect it and can be triggered by both good and bad situations,” she says.

There are a wide range of treatment options, although beds in local addiction treatment facilities have been scarce in recent years due to the current demand. Certainly, there are weekly meetings of support groups such as Alcoholics Anonymous and Narcotics Anonymous. But anyone dealing with addiction knows that's not enough. And, a report issued by a group of Ohio State University researchers this fall said that existing treatment centers can only accommodate 20 to 40 percent of the state's addicted residents. Rural areas of the state are hardest hit when it comes to the lack of treatment.

One new program in the area is called SMART Recovery, which focuses on a holistic approach based on behavioral and mental health and medical and clinical research, explains Lena Wooten, clinical director of Advanced Recovery Systems. The Fort Lauderdale-based behavioral health care company opened the 80-bed Recovery Village in Groveport in July.

More facilities are opening, too. Developed in conjunction with Maryhaven addiction treatment center and ADAMH, a new 55-bed Addiction Stabilization Center, opened this fall in a former Select Specialty Hospital on Columbus's South Side. Patients "can come here for immediate detox and, depending upon their needs, either stay or go elsewhere for longer-term treatment," explains stabilization center director Andrew Moss. By offering triage, detox and longer-term treatment, the center provides crisis intervention and treatment under one roof.

Medication Assisted Treatment [MAT] is the standard plan for many in recovery. So why give someone addicted to pills more pills? Because it works. Research has found that the use of methadone, buprenorphine, suboxone and, more recently, naltrexone (Vivitrol) "is like taking medication to control any other disease, such as a heart condition or diabetes," explains Teater. By managing the cravings and drug-induced highs and lows, these medications calm the mind, allowing addicts to regain their normal thought processes (See "Help on the Horizon," opposite page).

MAT also emphasizes counseling and support from family and friends, which is equally important, says Dr. Marc Clemente, chief of behavioral health at the Chalmers P. Wylie Ambulatory Care Center for veterans. Among the choices available for current and active veterans is a program known as Motivational Enhancement Therapy, which uses a method called "motivational interviewing" to elicit and strengthen the desire for change, says Clemente. Along with helping to clarify goals, "it can be especially helpful in the early stages [of addiction] or if someone is unsure about entering treatment," he adds.

In recent years, the Wylie Center has greatly expanded its addiction treatment programs and options. "If we don't have it here, we can refer them elsewhere," says Gary Stofle, coordinator of veteran recovery services.

"There is no 'one size fits all,'" emphasizes Hurst. "Early intervention and screening help. People who receive MAT with counseling are more likely to have a good outcome ... answers are hard, recovery is hard and just as with any chronic disease, people relapse."

An addict keeps trying to heal because the only other alternative is death.

Alex, I'll never forget that call. I was sitting at my computer, researching a new washing machine about 11 a.m. on Jan. 1, 2017. The phone rang and our lives were detonated into a million pieces. You were gone.

This year, I have taken great comfort in your daughter Hope, who has blossomed into a beautiful, vivacious 5-year-old. I see the best parts of you in her. Her name says it all.

But I don't regret anything, despite giving you almost all my money and putting myself in situations I would have never otherwise remotely considered. And I loved you whether or not you were using. I am also grateful that the last few words I said to you by phone when wishing you a Happy New Year last Dec. 31 were not words of anger, but heartfelt and sincere: "I love you, I am proud of you and you are maturing into a fine and caring person."

Sandra Gurvis is a freelance writer and author based in Central Ohio.

Squirrel Brain

No one really knows why some people can take pain medication for a broken arm or pulled tooth, then never use it again, while others find they can't function without it. "Addiction is, first and foremost, a disease of the brain," says Dr. Mark Hurst of the Ohio Department of Mental Health and Addiction Services.

The science behind how chemicals in drugs and alcohol interact with the brain is lengthy and complex. It's "squirrel logic," says Brad Lander, clinical director of Wexner Medical Center's Talbot Hall, which deals with addiction recovery.

Depending on the drug used and the age of the person, addictive substances burrow into the deepest parts of the brain that initiate pleasure, raising the need to have more drugs at any cost, says Lander. This effect is similar to the basic desire for food, water and sex. This is the "squirrel logic" behavior of the active addict, he adds.

Along with medication used to treat addiction, treatment plans work to retrain various brain pathways through physical self-care, emphasizing a proper diet, sleep and exercise; mental and neural strengthening through counseling and learning recovery skills; and environmental management by establishing a healthy lifestyle with sober activities and sober people.

"The key is matching the interventions with the state of the patient's functioning and circumstances," adds Lander.

Medications That Treat Addiction

Factors in choosing medications to treat addiction may include cost, the degree of addiction, types of drugs abused and the tendency toward relapse.

Current options for medication* include:

- *Methadone and buprenorphine (Subutex)*. These drugs trick the brain into thinking it is still getting the problem opioid while at the same time reducing cravings for it. The person taking the medication feels normal, not high, and there are no symptoms of withdrawal, if managed properly.
- *Suboxone*. This is a combination of buprenorphine and naloxone (Narcan) which diminishes withdrawal symptoms and cravings while preventing misuse.
- *Naloxone and naltrexone (Vivitrol)* These drugs block the effect of opioids and take away the feeling of getting high, even if the problem drug is used again. They help prevent relapse.

*Medications to treat addiction should be used in conjunction with counseling that encourages a healthier lifestyle.

Help on the Horizon

While the multifaceted war on opiates continues, numerous support and educational programs have been launched to help curb abuse. A few of those programs are listed below.

Take Charge Ohio

In November, the Ohio Department of Health launched a website to help physicians and other prescribers educate their patients about using opioids: takechargeohio.org.

Start Talking!

Young people are up to 50 percent less likely to use illegal substances if parents or other trusted adults discuss the risks beforehand. "Things like families having dinner together and discussing important issues and involving kids in extracurricular activities" help prevent early use, says Dr. Mark Hurst, medical director of the Ohio Department of Mental Health and Addiction Services.

Programs to help initiate dialogue include biweekly email tips for both parents and educators include “5 Minutes for Life” presentations at schools by law enforcement, Parents360Rx informational meetings, and a “Start Recording & Start Talking” student video competition. Ohio legislation also now requires that each local school district select a health curriculum that includes instruction on the dangers of prescription opioid abuse.

Empower U

Empower U is an educational initiative of the Columbus Urban League’s Workforce Development and Career Services. “We mostly offer classes and support to young adults at risk for marijuana use, especially as it pertains to their employment,” explains program administrator Kevin Miller. “We work with them to get into a program that will help them learn a skill or become certified [in an occupation].”

Participants may also have a prison or police record or a history of alcohol and other drug abuse, although active addicts “are referred to an outside agency for assessment and services.” Even though the program has only been around a few months, it has helped offset another consequence of the addiction epidemic: the inability of companies to find qualified, drug-free employees. “A number of our participants have passed drug screenings [and found jobs],” says Miller.

Project DAWN

Ohio’s Project DAWN (Deaths Avoided With Naloxone) allows both addicts and their family members to obtain a Narcan kit for free. Additional participants include local health departments, law enforcement agencies, emergency medical services and prison medical staff. According to the Ohio Department of Health’s prevention information, administration of kits has resulted in more than 80 overdose reversals within a two-year period.

Maternal Opiate Medical Support

The MOMS program was established to develop best practices for treating addicted mothers and addressing Neonatal Abstinence Syndrome, which occurs in newborns exposed to opiates while in the mother’s womb. This program was piloted with nonviolent offenders in the county drug courts. Rather than stigmatizing mothers, so-called “catch courts” can provide treatment instead of jail sentences, points out Vincent Sabino, clinical manager of the Alcohol, Drug and Mental Health Board of Franklin County.

Techniques include Medication Assisted Treatment and the use of the Maternity Care Home model, which emphasizes counseling and case management. Various treatment centers working with the program include the methadone clinic, CompDrug, in Columbus.

Ohio State University researchers this fall said that existing treatment centers can only accommodate 20–40% of the state’s addicted residents.



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